

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90155 039 ****61.25

DOCUMENT # 739415 1. Entity Name DISABLED AMERICAN VETERANS TITUSVILLE CHAPTER #109, INC.					
Principal Place of Business 435 N SINGLETON AVE TITUSVILLE, FL 32796			Mailing Address 435 N SINGLETON AVE TITUSVILLE, FL 32796		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0193790	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTON, THOMAS F 6790 GRISSOM PKWY PORT ST JOHN, FL 32927				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTON, THOMAS 6790 GRISSOM PKWY COCOA, FL 329273130 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMOS, ISAAC 1650 LEACH CIRCLE TITUSVILLE, FL 32780 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, VERA D 5001 ROSEMARIE PL MIMS, FL 32754 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYCE, DONALD 481 NORTH WASHINGTON AVE LOT 28 TITUSVILLE, FL 32796 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTON, Charles W. 5728 Flint Road Cocoa, FL 32927 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLLOCK, ROGER L 2983 CRYSTAL CT TITUSVILLE, FL 32780 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLLOCK, ROGER L 2983 CRYSTAL CT TITUSVILLE, FL 32780 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Roger Pollock</u> Roger Pollock			4-10-07 321.269.0109		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		